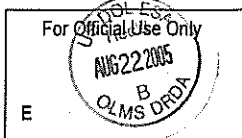


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13668</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>RAYMOND</u> <u>KUNTZ, JR</u> P.O. Box, Bldg., Room No., if any Street <u>430 ELMGROVE RD</u> City <u>ROCHESTER</u> State <u>New York</u> ZIP Code + 4 <u>14606</u>	4. Name, file number, and address of labor organization. Name <u>ROCHESTER LABORERS LOCAL 435</u> Labor Organization File Number <u>027-498</u> P.O. Box, Building and Room Number, if any Street <u>20 FOURTH ST</u> City <u>ROCHESTER</u> State <u>New York</u> ZIP Code + 4 <u>14609</u>
5. Position in labor organization. <u>SECRETARY-TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>X</u> <u>[Signature]</u>	On <u>8/15/05</u> Date	<u>585-454-5800</u> Ex. <u>301</u> Telephone Number

Name of Person Filing **RAYMOND KUNTZ, JR**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **ROCHESTER LABORER' WELFARE FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **20 FOURTH ST**City **ROCHESTER**State **New York** ZIP Code + 4 **14609**

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

ROCHESTER LABORERS' WELFARE FUND PROVIDES MEMBERS ANNUITY, PENSION, WELFARE AND SUPPLEMENTAL UNEMPLOYMENT BENEFITS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

4/04

REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO SEGAL ADVISORS CONFERENCE IN PUERTO RICO.

12.b. Amount.

\$4,950

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROCHESTER LABORERS' WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 18 FOURTH ST

City ROCHESTER

State New York

ZIP Code + 4 14609

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

ROCHESTER LABORERS' WELFARE FUND PROVIDES MEMBERS ANNUITY, PENSION, WELFARE AND SUPPLEMENTAL UNEMPLOYMENT BENEFITS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

5/04

REIMBURSEMENT OF EXPENSES FOR TRAVEL TO AMERICAN ALLIANCE CONFERENCE, ORLANDO, FL.

12.b. Amount.

\$1,595

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **ROCHESTER LABORERS' WELFARE FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **18 FOURTH ST**City **ROCHESTER**State **New York**ZIP Code + 4 **14609**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

ROCHESTER LABORERS' WELFARE FUND PROVIDES MEMBERS ANNUITY, PENSION, WELFARE AND SUPPLEMENTAL UNEMPLOYMENT BENEFITS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

7/04

REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO ROCHESTER LABORERS CONFERENCE IN NIAGRA FALLS, NY

12.b. Amount.

\$1,690

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **ROCHESTER LABORERS' WELFARE FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **18 FOURTH ST**City **ROCHESTER**State **New York**ZIP Code + 4 **14609**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

ROCHESTER LABORERS' WELFARE FUND PROVIDES MEMBERS ANNUITY, PENSION, WELFARE AND SUPPLEMENTAL UNEMPLOYMENT BENEFITS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

9/04

REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO AMERICAN ALLIANCE CONFERENCE IN LAS VEGAS, NV.

12.b. Amount.

\$5,434

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **ROCHESTER LABORERS' WELFARE FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **18 FOURTH ST**City **ROCHESTER**State **New York**ZIP Code + 4 **14609**

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

ROCHESTER LABORERS' WELFARE FUND PROVIDES MEMBERS ANNUITY, PENSION, WELFARE AND SUPPLEMENTAL UNEMPLOYMENT BENEFITS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

11/04

REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO INTERNATIONAL FOUNDATION CONFERENCE IN NEW ORLEANS, LA.

12.b. Amount.

\$4,699

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BLITMAN & KING

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 443 N FRANKLIN ST

City SYRACUSE

State New York ZIP Code + 4 13204

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ROCHESTER LABORER'S WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 18 FOURTH ST

City ROCHESTER

State New York ZIP Code + 4 14609

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

BLITMAN & KING PROVIDES LAW SERVICES TO ROCHESTER LABORERS WELFARE FUND

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

7/27/04

PROVISION OF DINNER FOR FILER AND SPOUSE JOINT WITH THE SEGAL COMPANY.

12.b. Amount.

\$75

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name **MANNING & NAPIER ADVISORS**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **290 WOODCLIFF DR**City **FAIRPORT**State **New York** ZIP Code + 4 **14450****9. Business deals with:**☐ a. Labor Organization☒ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**Name **ROCHESTER LABORERS' WELFARE FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **18 FOURTH ST**City **ROCHESTER**State **New York** ZIP Code + 4 **14609****11.a. Nature of such dealing.****MANNING & NAPIER ADVISORS PROVIDES INVESTMENT SERVICES FOR ROCHESTER LABORERS' WELFARE FUND****11.b. Approximate dollar value of such dealing.****12.a. Nature of interest held or income received.****7/26/04****PROVISION OF DINNER FOR FILER AND SPOUSE.****12.b. Amount.****\$150**

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **THE SEGAL COMPANY**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **ONE PARK AVE**City **NEW YORK**State **New York**ZIP Code + 4 **10016**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **ROCHESTER LABORERS' WELFARE FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **18 FOURTH ST**City **ROCHESTER**State **New York**ZIP Code + 4 **14609**

11.a. Nature of such dealing.

THE SEGAL COMPANY PROVIDES ACTUARIAL SERVICES FOR ROCHESTER LABORERS' WELFARE FUND.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

7/27/04**PROVISION OF DINNER FOR FILER AND SPOUSE JOINT WITH BLITMAN & KING.**

12.b. Amount.

\$75

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name **RUNNYMEDE CAPITAL MANAGEMENT INC**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **5 WILD HILL RD S**City **MENDHAM**State **New Jersey**ZIP Code + 4 **07945****9. Business deals with:**☐ a. Labor Organization☒ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**Name **ROCHESTER LABORERS' WELFARE FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **18 FOURTH ST**City **ROCHESTER**State **New York**ZIP Code + 4 **14609****11.a. Nature of such dealing.****RUNNYMEDE CAPITAL MANAGEMENT INC PROVIDES INVESTMENT SERVICES FOR ROCHESTER LABORERS WELFARE FUND.****11.b. Approximate dollar value of such dealing.****12.a. Nature of interest held or income received.****7/25/04****PROVISION OF DINNER FOR FILER AND SPOUSE.****12.b. Amount.****\$150**

ATTACHMENT TO FORM LM-30

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements; and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.